



City of Seattle  
Department of Planning and Development  
Refrigeration Licensing  
P. O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-5174

# AFFIDAVIT

(Must be completed and attached to each application for Journeyman Refrigeration Mechanic)

I certify that I am personally/professionally acquainted with \_\_\_\_\_  
and his/her work at \_\_\_\_\_ during the period from  
\_\_\_\_\_ to \_\_\_\_\_.

Fill out the appropriate selection below:

|                                                                            |                                                                                                                                                                                                                     |             |              |             |              |             |              |                  |  |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-------------|--------------|-------------|--------------|------------------|--|
| <b>Installed refrigeration system (not self-contained). Describe work:</b> | <b>Mfr:</b><br><br><b>Sys. Size:</b><br><br><b>Hrs/week:</b>                                                                                                                                                        |             |              |             |              |             |              |                  |  |
| <b>Alteration, major repair of refrigeration system:</b>                   | <b>Mfr:</b><br><br><b>Sys. Size:</b><br><br><b>Hrs/week:</b>                                                                                                                                                        |             |              |             |              |             |              |                  |  |
| <b>Self-contained units. Describe:</b>                                     | <table><tr><td><b>Mfr:</b></td><td><b>Size:</b></td></tr><tr><td><b>Mfr:</b></td><td><b>Size:</b></td></tr><tr><td><b>Mfr:</b></td><td><b>Size:</b></td></tr><tr><td colspan="2"><b>Hrs/week:</b></td></tr></table> | <b>Mfr:</b> | <b>Size:</b> | <b>Mfr:</b> | <b>Size:</b> | <b>Mfr:</b> | <b>Size:</b> | <b>Hrs/week:</b> |  |
| <b>Mfr:</b>                                                                | <b>Size:</b>                                                                                                                                                                                                        |             |              |             |              |             |              |                  |  |
| <b>Mfr:</b>                                                                | <b>Size:</b>                                                                                                                                                                                                        |             |              |             |              |             |              |                  |  |
| <b>Mfr:</b>                                                                | <b>Size:</b>                                                                                                                                                                                                        |             |              |             |              |             |              |                  |  |
| <b>Hrs/week:</b>                                                           |                                                                                                                                                                                                                     |             |              |             |              |             |              |                  |  |
| <b>Other Work. Describe:</b>                                               | <b>Equipment, etc.:</b>                                                                                                                                                                                             |             |              |             |              |             |              |                  |  |

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Describe Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_